

INDIANA STATE DEPARTMENT OF HEALTH

WATER TEST KIT ORDER

FOR ISDH USE ONLY

Date received _____

Receipt No. _____

Shipping No. _____

Name _____ Phone () _____

Address _____ PWS ID No. _____

City _____, IN _____ - _____ (9-Digit Zip)

In accordance with the Governor's order dated October 12, 1995, the fees for bacteriological testing and chemical testing (for sodium/fluoride/nitrate/nitrite/total nitrate-nitrite) for private organizations for drinking water testing will be \$8.00. Please DO NOT enclose a sample with this form.

Are you a state, city or county owned facility? Yes No

Please indicate the number of kits you need next to your facility type and under your sample type so that the correct forms will be enclosed with your test kit.

DRINKING WATER IDEM MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Municipal Water Supply *					
Business					
Mobile Home Park					
Swimming Pool/Bathing Beach					
School					

* Per Governor's order – no fee charged

ISDH/WELFARE MONITORING	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Foster Home					
Dairy					
Bottled Water/Ice Processor					
Food/Frozen Food Processor					
Swimming Pool-Pool Water*					
Bathing Beach-Lake Water*					

* Sanitary Engineering testing-no fee charged

UNREGULATED/UNMONITORED	Bacteriology Sample Kit	Fluoride/Sodium Sample Kit	Total Nitrate- Nitrite Sample Kit	Nitrite Sample Kit	Total Kits
Private Individual/Business					
Realtor/Inspection Company					

Total paid sample test kits requested _____ x \$8.00 per kit = \$ _____ enclosed

Total non-paid sample test kits requested _____

Please make checks or money orders (no cash or purchase orders please) payable to Indiana State Department of Health and mail to:

Indiana State Department of Health
Attention: Cashier's Office
2 North Meridian
Indianapolis, IN 46204